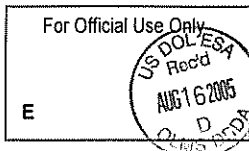


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 18126	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Randy L Dalton P.O. Box, Bldg., Room No., if any Suite 300 Street 999 McClintock Drive City Burr Ridge State Illinois ZIP Code + 4 60527-0844	4. Name, file number, and address of labor organization. Name Laborers District Council of Chicago&Vicinity Labor Organization File Number 014-796 P.O. Box, Building and Room Number, if any Suite 300 Street 999 McClintock City Burr Ridge State Illinois ZIP Code + 4 60527-0844
5. Position in labor organization. Director of Organizing	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/10/2005

Date

630-655-8299

Telephone Number

Name of Person Filing Randy Dalton	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text" value="Dowd, Bloch & Bennett"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text" value="19th floor"/></p> <p>Street <input style="width: 80%;" type="text" value="8S. Michigan Ave"/></p> <p>City <input style="width: 80%;" type="text" value="Chicago"/></p> <p>State <input style="width: 20%;" type="text" value="Illinois"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="60603"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text" value="Laborers Welfare, Pension & Training Funds"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="11465 Cermak Rd."/></p> <p>City <input style="width: 80%;" type="text" value="Westchester"/></p> <p>State <input style="width: 20%;" type="text" value="Illinois"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="60154"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>Serves as Co-Counsel on funds. Supplies legal services to the District Council and locals within the council.</p> <p>See attached:</p> </div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100px;" type="text" value="\$479,049"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>Box of popcorn at Christmas time.</p> </div> <p>12.b. Amount. <input style="width: 100px;" type="text" value="\$27"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 100px;" type="text"/></p>

Attachment to Form LM-30 Year Ending 12/31/04

Name: Randy Dalton

File#: 014-796

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11.b Approximate dollar value of such dealing (Dowd, Bloch & Bennett with Labor Organization and related trust funds):

Name	Amount
Laborers' District Council (Includes General, Strike & Organizing, Initial Contact, and Collection.)	\$ 278,136.98
LECET	\$ 123.75
Laborers' Pension Fund	\$ 89,578.29
Laborers' Welfare Fund	\$ 103,251.24
Laborers' Training & Apprentice Funds	\$ 7,959.22
TOTAL	\$ 479,049.48

Name of Person Filing Randy Dalton	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Chicago Area Laborers-Employers Coop & Trust**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any **Suite 302**
Street **999 McClintock Drive**
City **Burr Ridge**
State **Illinois** ZIP Code + 4 **60527-0844**

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

11.a. Nature of such dealing.

A Labor- Management Organization.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

\$40 for cost of safety award luncheon held annually for Laborers chosen by their employers for their high standards on safety.
Shirt for there promotion \$24

12.b. Amount.

\$64

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.